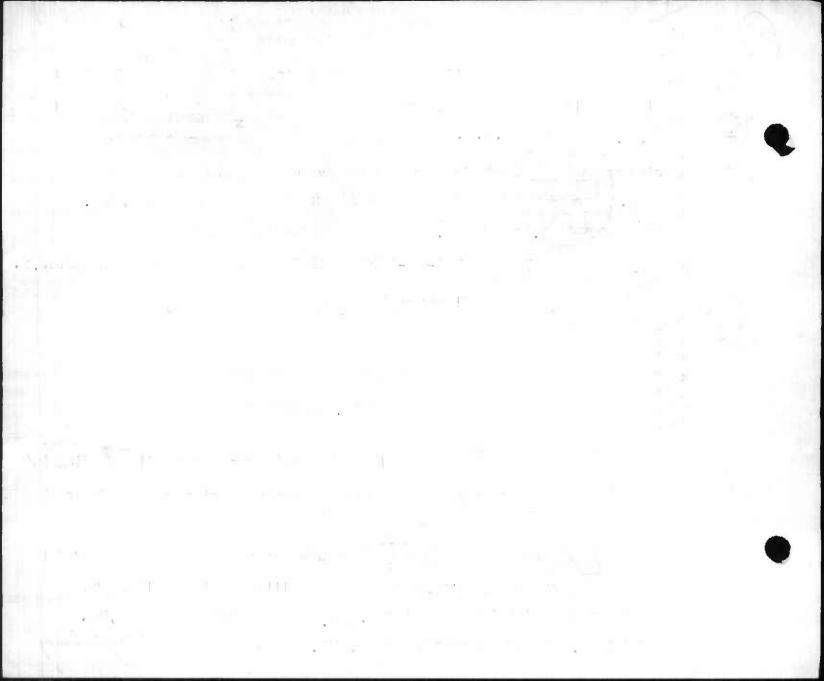
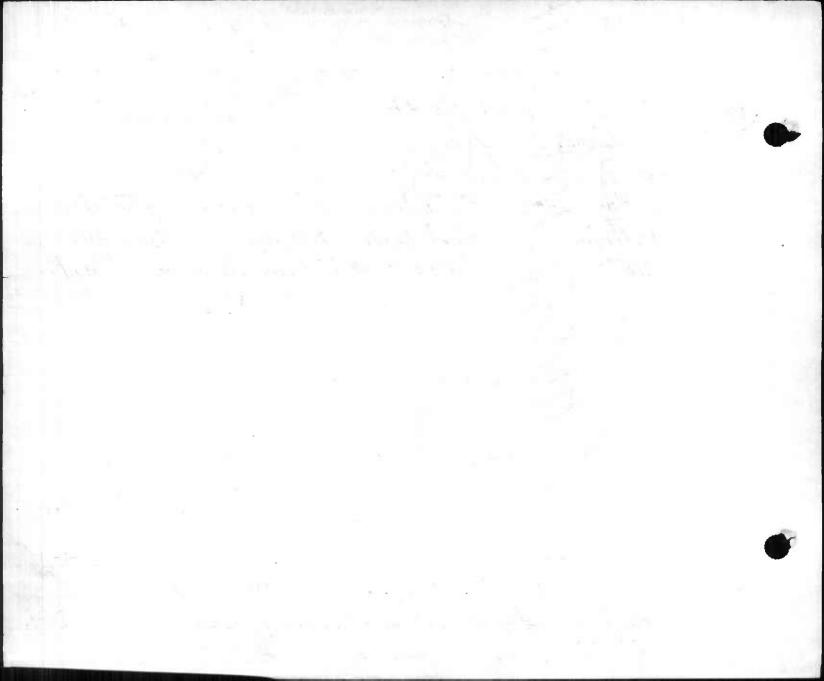
?	11-	FOR STATE REGISTRAR			DEPARTA MEDICAL E	MENT OF HEA		MENTAL H		1	EG. NO.	6	1 5	0	
/		CEASED NAM	E FIRST		WIDDLE		LAST		2a.	DATE KNOW	WN Q	HTMOM	DAY YE	AR 26 HOUR	
3 % % % F.	(IYP	E OR PRINT)	Rodne	ev	Lloyd	1	Adams	, Jr.	0	OF EST	ED 🗌	6	3 198	1	
PE CENT	3. SEX		4. RACE	5. DATE OF BI		6. AGE (IN YEARS		R. IF UNDER		DATE	N	AONTH		AR 2d. HOUR	
ARY, PLEASE DIRECTOR. COUR FILES. COUR FILES. CON STREET,	Ma	ale	White		17 1964	I6 YRS.	MONTHS DAYS	HOURS	MIN: PRC	DEAD		6	3 198	1 5:30P	
SELECT /	7e. BI	RTHPLACE (S	TATE OR		F WHAT COUNT	RY? 8. A	ARRIED	VEVER MARRI	ED . 9. 8	ALTIMORE	CITY OR	COUNT	OF DEATH	1	
DANS S	16.	Md.	Mark Land	0.5	.A.	4	DOWED	DIVORCE	ED SC	merset				MD.	
PAGE 5 PAGE 5 S. 201 W	10. CI	TY OR TOWN	OF DEATH		HOSPITAL, NUR		OTHER INSTI	TUTION	FOR MOST	OCCUPATIO	N (TYPE OF	WORK 1	26. KIND OF OR INDU	BUSINESS	
ELA)		rincess		Mount		arm-Hamp	den Ave	enue	Lab	orer					
AND 3 RETAIN RECORD	USUA 13a. S	TATE MD.	(IF IN NURSING HOME O	R OTHER INSTITUTE RSET	PRINC	ESSWAN	VE 13d. INSID	E CITY LIMITS?	13e. STREET	ADDRESS Rhode	sdal	e, N	1d.		
TER DEATH, IF ANY DELAY E PAGES 1, 2, AND 3 TO I FORM PM 3, RETAIN PAGES 1 AND 2 SHOULD BE FOUND ON O'VITAIR RECORDS, 2	14. FA	THER'S NAME	ODNEY L	. ADAM	S SR.	AST	15. MOT NA	HER'S MAIDE	N NAME EE RE	CIDMIDDLE			LAST		
PAG ORA	16a. V	VAS DECEASE	DEVER IN U.S. ARA	AED FORCES?		AL SECURITY NO					DRESS				
JRS AFTER 3. GIVE PA WITH FOR I. PAGES 1 DIVISION				WAND ATES)	213-	86-724	MRS	NANC	A PER	JOHN	120N	Rho	desd	ale, Md	
WIT. PIN.												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PERM PERM PERM PERM PERM PERM PERM PERM	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Electrocution														
ENCIL IN IT MINER ALC TRANSIT P TRANSIT P OR REMOV	7	723	ns, if ony, which	DUE TO	O, OR AS A CONS	SEQUENCE OF									
VITH VCIL NER RAN TAL	-	gave ri	se to immediate	(b)_											
EXA NO NO NO NO NO NO NO NO NO NO NO NO NO	2	lying cau) stating the <u>under-</u> use last.	DUE TO), OR AS A CONS	SEOUENCE OF						74			
D BE EXECUTED FENDING" IN INTERPRETATION AS A BURIAL CREMATION,	NO	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO C	DEATH BUT NOT RELAT	EO TO THE TERMINAL	DISEASE OR CONOI	TION GIVEN IN PAR	RT 1 a.						
그는 그 우그	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	NDITION FOR V	VHICH OPERATION	N WAS PERF	DRMED?					20 AUTOF	SY?	
CERTIFICATE SHOUTING THE WORD " DED TO THE CHIEF 3 SHOULD BE USE DEPARTMENT OF IT PRIOR TO BURIAL	Ě												YES X	ON C	
ATE WEN SEN SEN SEN SEN SEN SEN SEN SEN SEN S	8	UNDERLYING	AL CAUSE WAS		NE OF INJURY	DAY YEAR	ULNI WOH 1	RY OCCURRE	D (ENTER NATU	RE OF INJURY IN	ITEM 18 PART	T 1 OR PART	21		
SHOULD SHORE TO THE SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOOLD SHO	N N	CONTRIBUTI	NG CAUSE OF D	DEATH 4:00) P.M. 6	3 1981	subjec	t using	sump	pump			-11	11.5%	
WRITING WRITING ARDED AGE 3 SI ATE DEP	NED Y	21d. INJURY O	OCCURRED		ACE OF INJURY	(AT HOME, 2	I LOCATION STREET		cn	TY OR TOWN		COUR	NTY	STATE	
E, WRITE SWARDI PAGE STATE STATE	-	AT WORK	NOT WHILE C	fac	ctory	-	lampden	Avenue	e P	rinces	s Anr	ne :	Somers	set MD.	
SE SE SE SE		22a I certi	fy that I took	e of the remo-	described abov	re, held on 1	Autopsy X.	Inspection	n	nquiry .	ond in	n my opi	nion		
EXAMINER: CERTIFICATE OULD BE FOR: J. WITH THE SAMPLAND.		death result	ed from Natur	pl couses .	Accident	Micide	. Hou	micide .	Undetermi	ned monner					
WILD WILL		Comment of the Commen	/ ///	-	1114	1	TITLE	(SPECIFY)					- 00	10.1	
HCAL EXAMINE ETHE CERTIFIC SHOULD BE F ERAL DIRECTO EATH, WITH TH ORE, MARYLAN	1	ACTUAL SIGNATURE,	1 AN	10 Wer	40 /n	we	weepu	ty Chie	ef MEDICA	LEXAMINER		DATE SIGNED	6/4	781	
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL BATTER DEATH BALTIMORE,	-	EXAMINER'S (TYPE OR PRI	NAME Th	omas D	. Smith,	M.D.	ADDRESS	. 111	Penn	St.	Balto	0.,	MD.		
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B		TION, REMOVAL 2		122c N	AME OF CEMETE	RY OR CREMA	TORY	123d. LOCA	TION					
BP				6/7/8	BI OL	IVER T	· CEMAT	ICHAMP		NCESS		NE ,		STATE	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FI	PALEVI		LSON ^0	PRINCE	SS ANN	E, MD.		N 9 -	1981	fir	/	Medi	y	
13M 4/ 00												-	- 8		



15M 2/80

STATE OF MARYLAND



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4 may be

by the attending physician and completely filled in the ase remove corbanpapers. Pages 1 and 2 shauld be the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbon papels with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	REGISTRAR			ou Alli	CERTIF	ICATE O	F DEATH	OILIVE W	REG. N	0.				
	CEASED NAME	FIRST		MIDDLE	ı	AST		2a. DATE O	FDEATH	HTHOM	DAY	YEAR	2b. HOL	JR
[ITPE	ORPRINT)	Addie	I	sobel	Ashmeade				6-29-81				11:40p _M	
3. SE	X	4. F	RACE		5. DATE C			6. AGE (IN	YEARS LAST BIR	RTHDAY)	IF UNDE		IF UNDER	
	Female		White		MONTH 12	24	1895		85	YRS.	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	- 🗆	ER MARRIED	9. BALTIMO	RE CITY C	11111	Y OF DE	ATH		
	Maryland		US	SA	WIDOWE	_	DIVORCED [So	merse	÷				MD.
10 C	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN	G HOME C	Market Committee	NSTITUTION	12a USUAL	OCCUPAT	ION	12b.		F BUSIN	
	Crisfield	E	-	. McCread	HOL	. Hos	pital	Hous	RK FOR MOST C	B WORKING	IFE) IND	USTRY H	ome	
	AL RESIDENCE (IF NURSI				ADMISSION)		E CITY LIMITS?	13e. STREET	ADDRESS				100	
	Maryland	Somer	set	Crisfie		YES X	NO 🗍	305	Myrt	le St	t.			
14. FA	ATHER'S NAME	MIDE	016	LAST		15. MOTH	ER'S MAIDEN N	AME	WIDDLE		343	LAS	,	
3.1	John	E		Pruitt			Lotti	Le	Model		Gera			
16a. V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFOR	MANT	A Hills	ADDRI	ESS				
(NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	214-16-5	343	MaBel	le Sess	a - san	ne as	13 al	cde			
	18 CAUSE OF DEATH	1 (Enter only o	ine cause per	rune far (a), (b), and	d (c).) A		NU ES				8	APPROXI	MATE INTE	RVAL DEATH
	PART L DEATH W	IMMEDIATE C		Resonato	my 19	mest			14.11		174	hme	winte) her
	Canditians, if any,) which (DUE TO, O	R AS A CONSEQUE	W A	eum	mia					24(ww	w
9	gave rise to imm cause (a), statin underlying cause	ediate	DUE TO, O	or as a conseque	NCE OF					1	11 days			;
NO	PART 2. OTHER SIGN	HEICANT CON	IDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISEAS	SE OR CON	DITION GI	VEN IN F	PART 1(c	21	
CERTIFICATION	190 DATE OF OPERAT	ЮМ	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PEI	RFORMED	200 AUT	OPSY?	IN CERT	S, WERE			TH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		OF INJURY .M. MONTH DA	AY YEAR	21c. HOV	V INJURY OCCU	RRED (ENTER N	ATURE OF INJU	RY IN ITEM 18	PART 1 OR	PART 2)	T.	
MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	21f. LOCA	ATION REET		CITY OR TO	NWN	CO	YTAL		STATE
	22a.1 certify that (1) saw the decease abave, (1	d alive an	JUNE 29	19	C. 8		my) (****) apiniar	,	cupit と ed an the d	`	, 19_ S ur and fr		that (I) (causes st	,
	22b. SIGNATURE	Alle	mh			DEGREE	ATTENDING PHYSICIAN	MEDICAL	STA PHYSK		22	63	SIGNED	l
1	224 DLIVE CLANKE MILA	14F				100 400	DECC							

231. NAME OF CEMETERY OR CREMATORY



etained by the haspital

O HOSPITAL OR ATTENDING PHYSICIAN: The lo

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817

7/2/81

James McDaniel

23a. BURIAL, CREMATION, REMOVAL

Burial

23d. LOCATION CITY OR TOWN Crisfield

COUNTY Somerset

MD

STATE

Crisfield Cemetery AX PEGISTRAR 201 RECUSTRAR'S SIGNATURE

McCready Hospital, Crisfield, Md. 21817

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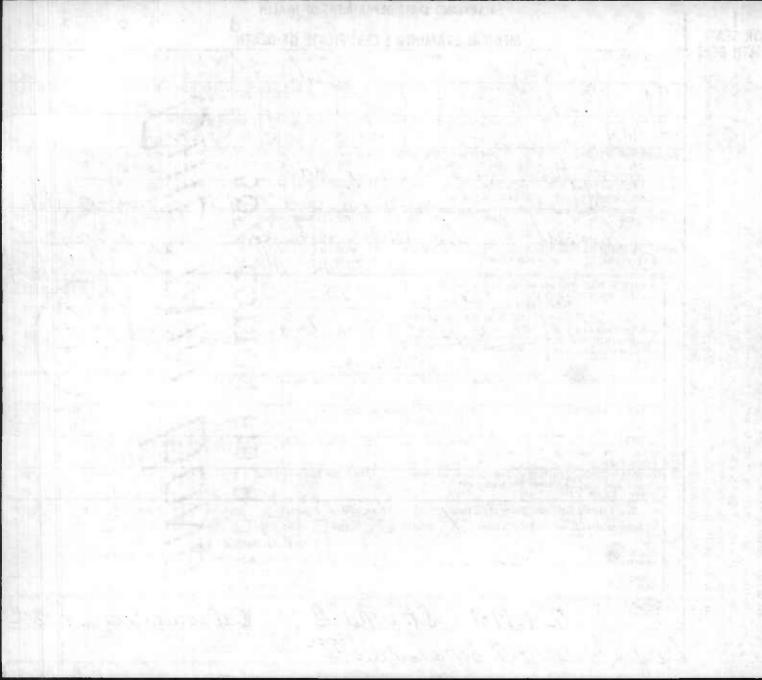
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		MARYLAND STATE DEPARTMENT OF HEALTH	1 2 7
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 3/13
HEALTH DEPT.	1. D		Doy Year 2b. HOUR
× 0 0 +	(Tune or Print)	28 1981 3A1
delay is and 3 to A3. Page Iment of	3. 5	5. DATE OF BIRTH 6. AGE (In, years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
del and M3.	1	VI DIACK 3/21/05 7 GYRS. 6 38	Year 1981 9AM
= -	COUR	BIRTHPLACE Slote or foreign 75 CITEM O WILL QUINTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DIVORCED OF DEATH	M
ter death Give Bage ang with	fr	during most of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
MATERIAL TOTAL STREET	0	USUAL RESIDENCE Warm deceosed lived, if institution: Residence before 13c, CHY or Town 3d. INSIDE CITY LIMITS? 13e. STREM AND NUMBER dission) STATE 13b. COUNTY STREET TREE TOWN YES NO 12 14.	se. Md
BALTIMOR 24 hours of in Item 18 's Office of c band 2 w		Middle Bouland Sertude 4	bane
STREEL, within 3 m pencil in pencil in Examiner File page 7 m pencil in penc		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes (no.) Tr unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17, INFORMANY MATHE MC bride 26 X 8	4 In Hay
PRESTON S executed v ending in f Medical Ex in permit. Fil		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac ares -	BETWEEN OWSET AND DEATH
M. PRES be exe "pendil hief Me ansit pe		Conditions, if any, which gave rise to immediate cause (a), (b) Bypertensive cardiovascular desease	
301 yourd word the C the C rightn ony		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF OST. Competitions Constitution Constitution	
PR 44 TH TO TES	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AL RECORI s certificate e, writing t forwarded used as a	SCATIO	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
# E- 300	ICAL CERTIF	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iten PORT A.M. P.M. 19	yes NO
INDIVINITION THE CAT SHOW THE C	MED	21d. INJURY OCCURRED AT WORK	County State
EXAL E exector. Por for TOR: urial,		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	and in my apinia
4_2.0		ACTUAL C. PLEGIO CHIEF MEDICAL EXAMINER 22b. DATE SI	GNED
O DEPUTY necessary, I the funeral 5 may be r O FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER MAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPU necessa the fun 5 may TO FUNE Health	230		(County) (Stote)
Teh VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS Curve 250. RECID BY REGISTRAR 25b. REGISTRAR'S SI Adel Lames. 407. Lomerset are Ps. DATE 1881	GNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST MICOLE 26 HOUR LIYPE OR PRINT 2:00a. Albert Ciotta 6-30-81 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE MONTH Male 1916 65 White BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md U.S.A. WIDOWED DIVORCED Somerset IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 LISUAL OCCUPATION 126, KIND OF BUSINESS OR M NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Edw. W. McCready Mem. Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Crisfield USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 142 N. Lakewood Ave. Baltimore Md YES X NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST Unknown IINknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 216-01-5498 Susan Ciotta 142 N. Lakewood Ave. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: mniediale IMMEDIATE CAUSE (a ò Conditions, if any, which gove rise to immediate cause (a), stating the RAS A CONSEQUENCE OF CANDIN VOISCULAR Obscar underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ö CERTIFICATION a 78b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? Pri IN CERTIFYING CAUSES OF DEATH? burial-transit per NO I NO 71b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M attending ie. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE 8 220.1 certify that (1) (the hospital) attended the deceased from saw the deceased alive an JUNE 30 above The land (did to dant) view the bady after death. 21 and that in (my) (our) apinian death accurred on the date and hour and from the causes stated should be detached with the State Dept. 77h SIGNATUR 22c. DATE SIGNED DEGREE MEDICAL + ATTENDING STAFF

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT

230. BURIAL, CREMATION, REMOVAL 23b. DATE Buria

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. James McDaniel

23c, NAME OF CEMETERY OR CREMATORY Gardens of Faith

22e ADDRESS

McCready Memorial Hospital, Crisfield, Md. 23d. LOCATION CITY OF TOWN COUNTY Md.

24. FUNERAL DIRECTOR 2818 E. Baltimore St. B. Dabrowski Funeral Home, Baltimore, Md.

Baltimore 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN

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executed within 24 hau

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6	1	5	5
0	-		-3

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.		
	I. DECEASED NAME FIRST	MIDDLE		AST TO THE CO.	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
g	Arthur			niellsSr	June 7	1981		4: A. M
	3 SEX Male	White	S. DATE C	BAY YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	MOURS MIN
2	To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY C	OF DE ATH	MD.
13	Wenona	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST Main Stree	TREET ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Waterman	F WORKING LIFE		
	MSUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COURS Some	NTY 13c CITY OR T	TOWN	YES 🚺 NO 🗌	13e STREET ADDRESS Main Street	t		
)	14. FATHER'S NAME James	T. Daniels		15. MOTHER'S MAIDEN NAME Elizabe		Во	zman	ST
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		0 0536	17. INFORMANT Vita Dan	ADDRE		and	
	PART 1. DEATH WAS CAUSE	nly one couse per line for (a), (b) ED BY: TE CAUSE (a)		l Infarction			Minu Minu	KIMATE INTERVAL LONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	alized	Arterioscleros	sis		Year	S
	PART 2. OTHER SIGNIFICANT I Gout 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING			INAL DISEASE OR CONI	20b. IF YES,	WERE FINDIR	INGS USED
-	ZI III			YES NO				NO [
	OR CONTRIBUTION CAUSE OF OF	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PAR	T 1 OR PART 2]	
	OR CONTINUOUS CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	220.1 certify that (I) (this hasp sow the deceased alive on	on the deceased from the decea	om 19	nd that in (my) (our) opinion o	deoth occurred on the de	, 19 ote and hour c		that (1) (%e) last couses stated
	22b. SIGNATURE	+ Dutte	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE	
	Everett Sut			Dames Quart	ter Maryland	1 21820)	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) burial			1 Cemetery	23d LOCATION Wenona	S	OUNTY OM .	Md . STATE

DHMH-16 60M 1/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the functional bedetached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be it and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical examinent

St. Paul Cemetery
Rt. Box 354 [268. DA
Incess Anne, Md.]

Som.

260. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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HH.el2s82 June 7 1981
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   Loolinga naversini
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  James C. Daniel disease: "Italian De Roma
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BURNETS TRANSPORTS AND AND AND BALL THE TARES MANDEY AND PALLOSSOCIETY SODE LSP. 20.00 DEPENDENT FOR THE AND DESCRIPTION OF THE POST PRINCE OF THE PARTY OF T 2454 311-11 TO CANALONS THE STREET WAS A STREET THE STREET

BP.

DHMH-16 30M 2/80

(VRA 15, 4)

FOR - STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Anthony Ward

(SPECIFY)

24. FUNERAL DIRECTOR

I. DECEASED NAME

(TYPE OR PRINT)

	(TYPE	Lilli	an ω ,	Johnson	6-	25-81	1:35p	
(5)	3. SEX	Female	4. RACE Negro	5. DATE OF BIRTH MONTH DAY YEAR 3 1966	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI HOURS MI	
-3/3	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH			
notife		YOR TOWN OF DEATH Crisfield		Mem. Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF INDUSTRY	BUSINESS	
35	13a. S M	aryland 136 COUN	other institution, give residence before ITY Nerset 13c CITY OR TOW Upper H	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS RUI	ra/		
1870		JUSON	windle wats	15. MOTHER'S MAIDEN NA SON SON SON	WIDDLE	Wil	Son	
e medic		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 141-01-2		Johnson Up	perHil	1 m	
removol.		PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), one DBY: E CAUSE (0)			BETWEEN ON	ATE INTERVAL USET AND DEAT	
il, cremotion, ar ather troumoti		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	(b) APPERIO DUE TO, OR AS A CONSEQUE (c)	SCIERGIC CAMPOIONI	aswiar diense	VEAL	25	
injury, a	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)		
on 2	CERTIFICATION	190 DATE OF OPERATION 615/8/	HEMATURIA	operation was performed		YES, WERE FINDING RTIFYING CAUSES O YES []		
ental Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
olth ond M morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	M. Dak C	CITY OR TOWN	F	STATE	
of He		22a.1 certify that (4) (this haspi sow the deceased alive on above, (1) 4 and 1) (did no		, and that in (my) (corr) opinion	deoth occurred on the date and	, 19 th	ot (I) (we) I ouses stated	
Jept.		226. SIGNATURE	haberre	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SI	IGNED	
MPORTANT: IF		22d, PHYSICHAN'S NAME HTTPLU			DIRECTOR PHYSICIAN	610	0101	

23b. DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR, CREMATORY

Cove St., Crisfield, Md.

JUN 3

REG. NO

MONTH

26 HOUR

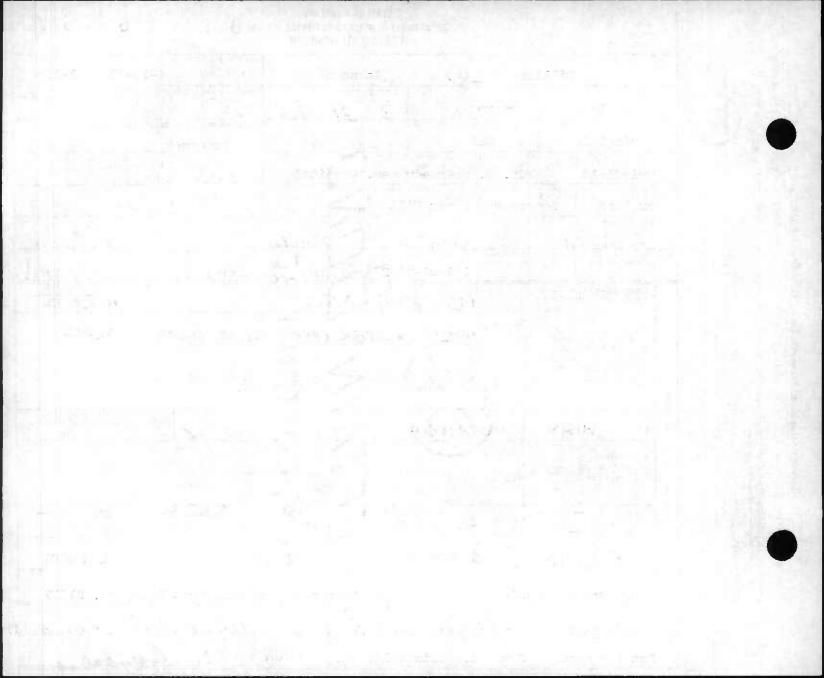
12b. KIND OF BUSINESS OR

M_, that (1) (well lost

IF UNDER 24 HRS

20 DATE OF DEATH

field, Md. 21817 23d. LOCATION 250. DATE REC'D BY REGISTRAR 256. REGISTRAR 198



X	(3)	FOR STATE REGIS
		1. DECEASED

nding physicion and camplitely filled to by the carbanpopers. Pages 1 and 2 should be filled wi

TO FUNERAL DIRECTOR; After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAR				CLICITI	TEATE OF BEATH		REG. NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	ı	AST	2a. DATE OF D	EATH MONTH D	DAY YEAR	26 HOUR
(TITE OKTRINI)	ROBER'	P	Α.	JON	ES		June 15,	1981	7:28P.
1 SEX		4 RACE		5. DATE C		6 AGE (IN YEAR		IF UNDER I YEAR	
Male		Wh	ite	June			39 YRS.	MONTHS DAYS	HOURS MIN
THE BIRTHPLACE (STA	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED X	9 BALTIMORE	ECITY OR COUNTY	OF DEATH	
	land	U.	S.A.	WIDOWE		Some	rset Count	y	м
10. CITY OR TOWN C	F DEATH .		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OF
Crisfie		McCre	ady Memor:	lal H	ospital	Water	OR MOST OF WORKING LIFE Man	Seaf	
ISUAL RESIDENCE	NURSING HOME OR		13c. CITY OR TOW	N	113d. INSIDE CITY LIMITS?	13e STREET AD	DDRESS		
Maryland	Some	erset	Crisf	leld	YES 🗶 NO 🗌	104 (Crockett A	venue	
4. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N		unblic		
Ernes		L.	Jones.	Sr.	Margare		MIDDLE	Sterl	ling
160 WAS DECEASED					17. INFORMANT				
(YES, NO OR UNKNOV	N) (IF YES, GIVE	WAR OR DATES	212-40-9	510	Margaret E.	Jones-	Box 456 Crisfiel	d. Md.	21817
III CAUSE OF			er line for (a), (b), and	4(0)					DXIMATE INTERVAL N ONSET AND DEATH
PART I. DE	TH WAS CAUSE	D BY:			c Stick				10:08s
E17	IMMEDIAT	E CAUSE (a)			2/1/4/		-	101	100-1
0/6	7	DUE TO,	OR AS A CONSEQUE	NCE OF	THE PROPERTY PROPERTY IN	SI EZEDINI		26	HOUR
Conditions, if		(b)_	Di. ECOLO	ICOIN	JESTINAL P.	JECE DI VIC	<u> </u>	-	11 (*)
cause (o),	stoting the	DUE TO,	OR AS A CONSEQUE	NCE OF					
diderlying	1031.	((c)_							
	SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVE	EN IN PART 1	101
HE TOP TO ACCIDENT W	DE DATION!	Tink contr	NITION FOR WAREIN	00504710	N WAS PERFORMED	20g AUTOP	CV2	WEDE EINIO	h too was
S THE DATE OF C	5, 1981					20a AUTOP		, WERE FIND	S OF DEATH?
E 201.C1				NAC	BLEEDING			s 🗌	NO []
	AS UNDERLYING CAUSE OF DEA	4	OFINJURY V.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATUR	RE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)	
(IF EITHER, NOTIF	MEDICAL EXAMINER)		P.M.	19	Manager E				
OR CONTRIBUTION (IF EITHER, NOTIF) 21d. INJURY OF			OF INJURY TREET, FACTORY, OFFICE, F.	ARM FICE	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
₹ WHILE AT WORK	AT WORK	(A) HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	JIRLET		III OK IOWN	COUNTY	SIAIE
22a I certify th	at (I) (shic hoops	el) attended t	he deceased fram_	JUNE	14 19 8	to_JUI	PE IS	19 51	, that (1) fwe) las
saw the d	ceased olive on	JONE	15 198	l or	nd that in (my) tour) opinia	n death accurred	an the date and hour		
22b. SIGNATUR	we) (did) (did na E	1) view the bad	y ofter death.		DEGREE			22c DAT	E SIGNED
72	in M	1 /11/	with		ATTENDING PHYSICIAN	MEDICAL	STAFF		E16,1981
1	'S NAME (TYPE OF	PPINT)	VO, 1/ C		PHYSICIAN 1276 ADDRESS	DIRECTOR	PHYSICIAN [10010	0,011101
	James Mo	,					C-4 - 04 3 1	34.2	0404-
DE.	ualles M	PRINT 61			McCready Ho	ospital	crisileld	, Md.	21817
230. BURIAL, CREMA				AME OF C	EMETERY OR CREMATORY	23d LOCATH		COUNTY	STATE
Bun	ial	6/19	/81 Sun	nvrid.	ge Cemetery	Cris		sersel	A Mate

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

Bradshaw & Sons

24 FUNERAL DIRECTOR

Crisfield, Md. 21817

Sunnyridge Cemetery Crisfield Somerse Page 1250 DATE REC'D. BY REGIONAR 256 DEGETE PROPERTY OF THE PAGE 1250 DEGETE PROPERTY OF THE

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STATE OF MARYLAND

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FOR

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STATE OF MARTLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

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- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										ALC:					
	CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF	DEATH	HTMOM	DAY	YEAR	2b. HOUR			
	E OR PRINT)	Ida		V.	8.6	Mason				6	16	81	10:2	5 P	
3. SE	X	4	. RACE		5. DATE C			6. AGE (INYE	EARS LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDER 2	4 HRS	
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7a B	To BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY?							9. BALTIMO	RE CITY O			EATH			
	COUNTRY					D NEVER				_					
	Virginia ITY OR TOWN OF DEA	711	USA	OCDITAL NUIDCIN	WIDOWE		VORCED		erset	201	MD.				
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU									DUSTRY	F BUSINES Coffm	an				
Cristield Alice Byrd Tawes Nursing Home Clerk F1										ishe	r Co.				
	AL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	ITV 1 IAA ITCO	13e. STREET A	ADDRESS	7.91					
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- "	FIRST	M	IDDLE	LAST			FIRST		WIDDLE			LAS			
	Edgar			Sturgi			nnie					Cl	uff		
	WAS DECEASED EVER		WAR OR DATES	16b. SOCIAL SECU	RITY NO.	17. INFORMA		Bo	ox ADDRE	2° A	Mar	iner	s Rd		
	no	none		218-24-4	601	Hazel	M. John	nson		fie	ld. I	Md.	2181	7	
	18 CAUSE OF DEAT	H (Enter only	one couse per				1	1		17			MATE INTERV	AL	
	PART I. DEATH W	AS CAUSED	BY:	1012010	000	nacol	12.000	21/0	12011	Vens	in	V	aus	1	
	4409										avi				
			DUE TO, O	r as a conseque	NOE OF		/								
	Conditions, if ony, gave rise to imn		(b)		V										
	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF														
	underlying cause	last.	(_{[c)}												
	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	E OR CONE	ITION G	IVEN IN	PART 10	1		
o N															
CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	PSY?				GS USED		
五			10.00			YES NON YES YES						CAUSES	OF DEATH	1?	
ERT	21g. ACCIDENT WAS UND	DERLYING	21b. TIME O	F IN JURY		Tair How IN	JURY OCCURR	-	t-und		h-and	9 DART 31	140		
	OR CONTRIBUTING		110110 4	M. MONTH DA	AY YEAR		JOK! OCCORN	LED LEWIER WA	TORE OF HAJOR	T IIN TIENT IS	B FART TO	CPARI 2)			
O	(IF EITHER NOTIFY MEDIC		Р.		19										
MEDICAL	21d INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET			CITY OR TOY	VN	C	YTMUC	STA	STA	
 	AT WORK NOT WITH	"	-		10	10	A-	7	1	11		91			
	22a.1 certify that (1)	this hospite	luttended th	e deceased fram_	ald		., 19	2, to	60 1	0	, 19		that (1) /w	e) lost	
	sow to cease		6-	19 (5 , 01	nd that i (my)	aur) apinion o	death accurred	d an the da	te and h	aur and	from the	causes stat	ed	
	abave (we) (c	(d) gold not	the body	atter death.	1	DEGREE					12	2c. DATE	SIGNED		
	/		11	V-11		1111	ATTENDING _	MEDICAL	STAF	F		1 -	11.5	379	
	Adme	1/1	5/1	uccu	2.01		PHYSICIAN Z	DIRECTOR	PHYSIC	IAN []		0/	10	4	
1/		AME (MPE OR		14. 7	//	22e ADDRES		15.57						4	
	No.		erling,				. Main		Crisi	ield	1. Mo	1. 7	21817		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	. /		EMETERY OR		23d. LOCA	TION OR TOWN		COUR	NIY	STA	ATE	
	Burial		6/20/	/81 Su	nnyri	dge Cen	netery		sfield	1	Some		Md		

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filled within 7 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

24. FUNERAL DIRECTOR
NAME
Bradshaw & Sons

Crisfield. 21817 ery Crisfield Somerset

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

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The state of the s	Md. SS OR
To. BIRTHPLACE (Stote or foreign country) Maryland U.S. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 130. USUAL RESIDENCE (Md.
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Mare May 11, 1916 65 yrs.	Md. SS OR
10. CITY OR TOWN OF DEATH Princess Anne 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Somerset Princess Anne 13b. COUNTY Somerset Princess Anne 13b. COUNTY Somerset Princess Anne 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER RFD. 3 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 218-01-4719 Margaret Snyder. Princess Anne Md Approximate in Address 12b. KIND OF BUSIN INDUSTRY 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY 17c. INFORMANT Address 17c. MOTHER'S MAIDEN NAME First Middle Lost 17c. INFORMANT Address 17c. INFORMANT ADPROXIMATE INITIAL PROXIMATE INITIAL PROXIMAT	SS OR
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218-01-4719 Margaret Snyder, Princess Anne, Md	
218-01-4719 Margaret Snyder, Princess Anne, Md	
218-01-4719 Margaret Snyder, Princess Anne, Md	
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	DYGA
IMMEDIATE CAUSE (o) / Corporatory facture unned	
DUE TO, OR AS A CONSEQUENCE OF	ate
	1
Conditions, if ony, which gove is to immediate couse (o). (b)	days
stoting the underlying couse Due 10, OR AS A CONSEQUENCE OF	
storing the underlying course lost.	wante
PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
chronic renal failure anemia	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO 200. AUTOPSY?	IG
YES NO PERIOR	
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21d. INJURY OCCURRED (Inter noture of injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While Not while of work o	Stote
22a. I certify that (1) (this haspital) attended the deceased fram 200, 1977, ta 500, 1981, that (10) (saw the deceased alive an 300, 1981, and that in (10) (aur) apinion death accurred on the date and have and f	ve) last
22a. I certify that (1) (this haspital) attended the deceased fram	am the
DECPEE DUVE DIDECTOR DUVE	
A D D D NAME(IVDE) TO DE INTERPRETATION OF THE PROPERTY OF THE	
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Steeperity)	(e)
P P BUTISTIN 6/9/1981 Meadowridge Howard County, Meadowridge Address 250. REC'D BY REGISTRAR'S SIGNATURE	-
(VR A15 (4)) Princess Anne, Md DATE	8

Contention Black To the Content

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1-	REGISTRAR				CERTII	FICATE OF	DEATH		REG. N	0.		
	OR PRINT)	FIR51		MIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY YEAR	28. 1100K
	Deris	Eugen:	ia		St	erling				6-1	1-81	2:08a,
3. SEX		4. R	ACE		5. DATE			6. AGE (N YEARS LAST BIE	THDAY	IF UNDER 1 YE	
	Female		Whit	e	Fet	· 13,	1911		70	YRS.	MONTHS DA	YS HOURS MIN.
	THPLACE (STATE OR FORE	EIGN 7b. 0	CITIZEN OF	WHAT COUNTRY?	8			9 BALTIA	ORE CITY	R COUNT	Y OF DEATH	Commence VIII
A CC	Maryland		US	A	WIDOW	DE NEVER	NORCED		Somers	et		MD
10. CIT	Y OR TOWN OF DEATH			HOSPITAL, NURSIN	IG HOME	OR OTHER INS	TITUTION	120 USUA	LOCCUPAT	ION		D OF BUSINESS OR
(Crisfield	E	dw. W.	McCread	y Mem	. Hosp	ital		ork for most o			or Shop
13a. ST	LRESIDENCE (IF NURSING TATE 131 Maryland	HOME OF OTHE		GIVE RESIDENCE BEFORE 13c CITY OR TOW Cristie	N _	13d. INSIDE (CITY LIMITS?	13e. STREE	1 ADDRESS	373	B Law	sonia
14 FAT	THER'S NAME	MIDD	n F	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE		44-18	LAST
7.0	Clarence	Edw		Tyler		1	A va		L.		Mist	er
(YE	AS DECEASED EVER IN	U.S. ARMED IF YES, GIVE WA NON	R OR DATES)	217-09-0		17. INFORM.	Jean M	ister	Rt. 1	Box	373 A	Lawsonia 21817
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 212. TIME OF INJURY 214. TIME OF INJURY 216. TIME OF INJURY 216. TIME OF INJURY 217. TIME OF INJURY 218. TIME OF INJURY 218. TIME OF INJURY 219. TIME OF INJURY 210. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 212. TIME OF INJURY 213. TIME OF INJURY 214. TIME OF INJURY 215. TIME OF INJURY 216. TIME OF INJURY									ASE OR CON TOPSY?	20b. 1F YE	VEN IN PART	DINGS USED
E								YES [NO		ES 🗍	NO 🗌
MEDICAL	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED NOT WHILE NOT WHILE	SE OF DEATH EXAMINER)	P. 21e PLACE	M. MONTH DA M.	19	21¢. HOW IN		RED (ENTER	CITY OR TO		PART I OR PART	2) STATE
1	AT WORK				6-	10	81		6-	15	8	
	220. I certify that (1) (the saw the deceased above, (1) (we) (did) 22b. SIGNATURE	olive on	0-1	198	1_,.	nd that in my	our) opinion	death occu	rred on the d	ate and ha		the causes stated
	ONV WHYSICIAN'S NAM	A-	Ste	lug,	M	6	ATTENDING PHYSICIAN	MEDICA DIRECTO	STA		6	-11-81
	Dr. James			ng /	54.7		ain St.	, Cri	sfield	, Md.	2181	17
	URIAL, CREMATION, REA		36. DAJE 6/13			emetery or de Ce			CATION ITY OR TOWN isfiel	d S	COUNTY	state Md.

DHMH-16 30M 2/80 (VRA 15, 4)

HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnitial managed of the second propers. Pages 1 and 2 should be filled within 72 min the start beat. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

MPORTANT If hem 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Bradshaw & Sons, Main St., Crisfield, Md. 21817

Somerset

Md.

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IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

i	1	6	1	6
REG. NO.				

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0.		
	CEASED NAME OR PRINT)	FIRST		MIDOLE		LAST	2a. DATE O	F DEATH	MONTH	DAY YEAR	26 HOUR
(1112	ON TRIVELY	EUGENE		н.	STER	LING		Jun	e 14	, 1981	6 a.
3 SE	X	4, F	RACE		5. DATE O		6 AGE INY	EARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Wh:	ite	Sept			75	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE ISTATE OR FO	DREIGN 76		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY O	RCOUNT	Y OF DEATH	
	aryland		U.S.	.A.	WIDOW		So	merse	t Cou	inty	ME
	TY OR TOWN OF DEA Crisfield			H FACILITY, GIVE STREET	ADDRESS]	or other institution own Rd.	12a USUAL (TYPE OF WOR Mana	K FOR MOST O		IFE) INDUSTRE	terling hards
13a 5	AL RESIDENCE (IF NURS STATE ryland	136 COUNTY Some		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Crisfie	N	13d. INSIDE CITY LIMITS? YES NO	Rt. 1		rtown	n RdLa	wsonia
14. F.A	THER'S NAME	MIDE	DIF	LAST	1	15. MOTHER'S MAIDEN NA	ME	MIDDLE	7	LAS	î
	William	H.		Sterlin	g	Nellie	F	lebecc		Sterl	
(1	VAS DECEASED EVER VES, NO OR UNKNOWN)	IN U.S. ARMEI	R OR OATES	218-14-1		Rebecca V. St	terling	ADDRE 12 Cr	SS. Sisfie	omerset	Ave. 21817
	18. CAUSE OF DEAT! PART I. DEATH W Conditions, if ony, gove rise to imm couse [o], stofin underlying couse	Which mediate g the	AUSE (o) DUE TO, O	R AS A CONSEQUE	NCE OF	NI				. Unit	MATE INTERVAL DISET AND DEATH
NO	PART 2. OTHER SIGN	NIFICANT CON	NDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR CON	DITION GI	VEN IN PART 10),
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		S, WERE FINDIN	
TIFE							YES 🗌	NO		ES [NO [
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WO 22a.1 certify thou	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR FETHER, NOTIFY MEDICAL EXAMINER) 1. INJURY OCCURRED 21e. PLACE OF INJURY INTOMINE AT WORK 21f. LOCATION STREET CITY OR TOWN 10 11 12 13 14 15 16 17 18 19 19 19 10 10 10 10 10 10 10						COUNTY			
	vinence	11	THE	exemp	100	PHYSICIAN L	DIRECTOR	PHYSIC	IAN	10	00/

DHMH-16 60M 1 73

24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

Crisfield, Md. 21817

23d. LOCATION Private Family Cemetery

Md

21817

25a, DATE REC'D. BY REGISTRAR 25b. REC STRAR'S SIGNATURE

Crisfield, Md.

(VR A 15 (4))

Bradshaw & Sons

James A. Sterling, M.D.

73b. DATE

6/17/81

THE NAME OF CEMETERY OR CREMATORY

320 W. Main St.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma retained by the hospital or otherding physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, to should be detached for use as the buriot-transit permit. Then please remove corbon pages? I and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to buriot, cremotally or removal.		a	N	50	1	и
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	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0.	5 /	6 6
34		CEASED NAME FIRS	T	AIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
			thleen	M •	2	Sterling		6-5-8	1	12:25 a
1	3. SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	_	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7		Female	Whi	te	Feb		76	YRS.	DA13	MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		OF DEATH	
0		Maryland	USA		WIDOWE	D DIVORCED	Some	erset	MD.	
17	10. CI	crisfield	(IF NOT IN SUC	H FACILITY, GIVE STREET	PITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) MCCready Mem. Hospital			ON OF WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
35	USU, 130. S			13c. City OR TOW Crisfic	N_	13d. INSIDE CITY LIMITS? YES NOW	13e. STREET ADDRESS	alle,		
90	14 FATHER'S NAME FIRST John Ward			Ward	15. MOTHER'S MAIDEN NAME DOILY MIDDLE			Lav	Lawson	
1	The second secon			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	,	no 215-05-9027				Miss. Helen	Jean Ste	rling,	Cris	field, Me
		Conditions, it any, which gave rise to immediate cause (a), stating the underlying couse las	h (b)	RAS A CONSEQUE CVA RAS A CONSEQUE	NCE OF	L MONARY CA				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN G									
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9	MEDICAL CERT	LOS COURTE DE CAUSE OF								STATE
		270. I certify that (1) (this saw the deceased all above. (1) (we) (did (d	e on	5 19		d that in (aur) opinian operate ATTENDING	deoth accurred on the do			that (h (we) lost causes stated
4		22d. PHYSICIAN'S NAME	TPE OR PRINT)	3		22e. ADDRESS	DIRECTOR PHYSIC	IAN [13	101
		Dr. Z. Ke	ecala		- 1	McCready Ho	spital, Cri	sfield	, Md.	

/1981

McCready Hospital, Crisfield, Md. 23c. NAME OF CEMETERY OR CREMATORY

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) /8 Buria]

Asbury

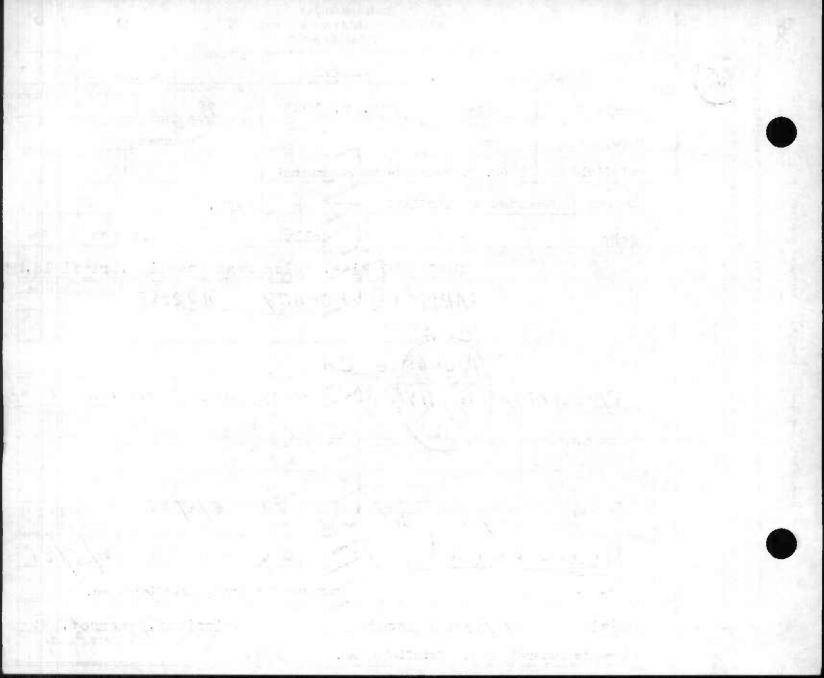
AATORY 23d. LOCATION CITY OR TOWN CTISFIELD SOME TS 25s. DATE REC'D. BY REGISTRAR 25b. 25 S. 24 S. 24

24 FUNERAL DIRECTOR Hinman's Funeral Home,

Crisfield, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



STATE OF MARYLAND

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